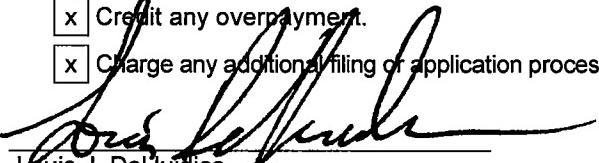


|  |                                  |                                |                             |                                 |
|--|----------------------------------|--------------------------------|-----------------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                |                             | Docket No.<br>02309/000I158-US0 |
| Application No.<br>09/761,511-Conf. #5640  | Filing Date<br>January 16, 2001  | Examiner<br>C. L. Anderson     | Art Unit<br>3761            |                                 |
| Applicant(s): Takayuki Hisanaka  |                                  |                                |                             |                                 |
| Invention: ABSORBENT ARTICLE CONTAINING SKIN-PROTECTIVE INGREDIENT   |                                  |                                |                             |                                 |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                |                             |                                 |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                |                             |                                 |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                |                             |                                 |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                |                             |                                 |
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate                            |
| Total Claims   | 4                                | - 20 =                         |                             | x                               |
| Independent Claims   | 1                                | - 4 =                          |                             | x                               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                             |                                 |
| Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114); Extension for response within first month  |                                  |                                |                             | 940.00                          |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                |                             | 940.00                          |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                |                             |                                 |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                |                             |                                 |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>940.00</u> .<br>A duplicate copy of this sheet is enclosed.                          |                                  |                                |                             |                                 |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                |                             |                                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                |                             |                                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                  |                                |                             |                                 |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                |                             |                                 |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                |                             |                                 |
| <br>Dated: <u>December 22, 2008</u>   |                                  |                                |                             |                                 |
| Louis J. DelJuidice<br>Attorney/Agent Reg. No.: 47,522   |                                  |                                |                             |                                 |
| DARBY & DARBY P.C.<br>P.O. Box 770<br>Church Street Station<br>New York, New York 10008-0770<br>(212) 527-7700   |                                  |                                |                             |                                 |